

Correspondence Address**Customer Number****Change Reason****Directly Supplied****Name ***

Theresa M. Seal

C/O The Inventor's Network Inc

Street *

332 Academy Street

City *

Carnegie

State/Province

PA

Postal

15106

Country *

US

 Save Refresh Clear**Other Contact Information:****Phone No. / Ext.****Fax No.****E-Mail**

4122780607

4122781693

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MHAILE

06/25/2004

bwaynes

01/11/2005

Correspondence Address

Customer Number:

Change Reason:

Applicant Request

Directly Supplied

Name*: MEDITRONIC VASCULAR, INC.

Street*: 3576 UNOCAL PLACE

City*: SANTA ROSA

State/Province: CA

Postal:

Country*: US

Other Contact Information

Phone No. / Ext.:

Fax No.:

E-Mail:

4122780607

847-905-2120

947-905-7111

4122781693

847-905-7113

Last Modification:

MHAILE

06/29/2004

bwaynes

01/10/2005